APPLICATION FOR IMPACT FEE DEFERRAL BERNALILLO COUNTY AFFORDABLE HOUSING Zoning, Building & Planning

Owner(s)/Agent	Phone	
Mailing Address	City/State	Zip
Site/Project Address	City/State	Zip
Legal Description		
Uniform Property Code (UPC No.)		ZAP:
Value of Land:	Building/Zoning Permit No.:	
Value of Structure:		
Total Value:		
Amount of Impact Fee Waiver		
I hereby acknowledge that Fire Impact Fees at I hereby acknowledge that I have read this comply with the requirements of the BERNA the total assessed value of land and structure. Affordable Housing Impact Fee Waiver (Defe fee deferral and that this request may be deni	application and agree that the abov LILLO COUNTY CODE, CHAPTER ure must be less than \$100,000 an rral) Procedure Sec. 46-17). I under	46 – IMPACT FEES. I understand that d I must provide verification. (Refer to
I understand that if this impact fee deferral County Clerks Office in the amount of the in time as the dwelling unit is sold for more than	npact fee waived. This lien is due a	
Owner/Agent Signature	Date	
*****************	ERNALILLO COUNTY USE ONLY***	********
Received by:	Date:	Receipt No.:
Approved by:	Date:	Waiver No.:
Affordable Housing Waiver Application 7/02		